Abstinence-Only or Abstinence-Plus?
Preferences of Parents of Middle- and High School Students in Bexar County, Texas

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ABSTRACT

BACKGROUND: A key point of contention in the U.S. "culture wars" is whether to use an Abstinence-Only strategy in sex education for teenagers, or whether to include positive information about condoms and contraceptives (i.e., Abstinence-Plus education). National surveys demonstrate widespread parental support for including instruction about condoms and contraceptives in sex education, but it is not known whether such support is typical of parents from low-income neighborhoods in Bexar County.

METHODS: A brief self-administered questionnaire was completed by 126 parents of middle or high school students attending public gatherings in low-income neighborhoods in San Antonio and Bexar County, Texas.

RESULTS: Surveyed parents were predominantly (81%) Hispanic, and 72% had a child in middle school. A large majority (80.2%) preferred Abstinence-Plus sex education, defined as teaching abstinence as best and also teaching about the benefits of condoms and contraception. Support for Abstinence-Plus education was higher among parents of male children than among parents of female children.

CONCLUSIONS: Parents from low-income, high-risk, and predominantly Hispanic areas of Bexar County favor teaching positive information about condoms and contraception, in addition to abstinence, for their children in middle- and high school.

INTRODUCTION

Sex education is an important and controversial component of efforts to reduce teen pregnancy, prevent sexually transmitted infections, and delay adolescents' sexual debut. A key point of contention in the U.S. "culture wars" is whether to use an Abstinence-Only strategy or whether to include positive information on condoms and contraceptives (i.e., Abstinence-Plus education).

Abstinence-Only education programs, defined by the 1996 Welfare Reform Act[1] and supported by several federal funding programs[1-3], are intended to help young people delay the onset of sexual activity. Although a national evaluation is under way,[4] no experimental or quasi-experimental studies of Abstinence-Only programs yet demonstrate effectiveness in reducing sexual activity, sexually transmitted diseases, or teen pregnancy.[5] In contrast, some Abstinence-Plus programs have been shown to affect behavior, delay sexual debut, and/or reduce teen pregnancy.[6,7] Moreover, studies consistently find that positive information about contraceptives and condoms does not increase sexual activity.[7]

Both adults and adolescents in the U.S. overwhelmingly favor sexual abstinence for school-age teenagers. In a survey by the National Campaign to Prevent Teen Pregnancy, 82% of adults, 87% of parents of teens, and 69% of young people age 12 to 19 do not "think it's okay for high school teens to have sexual intercourse".[8] Both adults (91%) and teens (94%) feel it is important "for teens to be given a strong message from society that they should not have sex until they are at least out of high school."[8]

This overwhelming support for abstinence does not necessarily mean support for an Abstinence-Only approach to sex education, however. National surveys have found strong support among adults, parents, and teens for sex education that includes information about both abstinence and contraception. Only 15% of the general public believe schools should teach solely about abstinence.[9] Strong majorities of parents and other adults favor teaching

about birth control (90-94%) and how to use condoms (83-85%) in middle or high school sex education.[9,10]

It is uncertain whether national survey data on parental preferences apply to neighborhoods with high rates of poverty and school dropout, or among predominantly Hispanic populations. Bexar County includes the city of San Antonio, as well as smaller incorporated communities and unincorporated areas, and has a population of approximately 1.4 million people, the majority of whom are Hispanic. Bexar County has remarkably high rates of adolescent pregnancy, childbearing, and sexually transmitted infections, the risks of which are higher in lower-income areas.[11] In 2003, Bexar County's rate of school-age childbearing was 40.4 per thousand females age 15 to 17—80% higher than the U.S. national rate of 22.4 per thousand. No local data on sexual activity are available for San Antonio or Bexar County, but Texas youth have higher rates of sexual experience (51.3%) and current sexual activity (36.4%), and lower rates of condom use (62% at last intercourse), than the U.S. as a whole.[12]

This study was undertaken to determine the preferences of parents in low-income areas of Bexar County with regard to the content of school sex education for their children. Accurate knowledge of parental preferences would strengthen the ability of school districts and community-based programs to provide information that parents desire for their children.

METHODS

All potential respondents at various community youth events in low-income neighborhoods of Bexar County, Texas were approached by one of the investigators (JNH), who is fluent in both English and Spanish, and asked if he or she had a child in grades 6 through 12. Those indicating that they did were invited to complete a short written self-administered

questionnaire that would help educators learn what type of sex education program parents in the community want for their children.

After consent was obtained, respondents were given a printed self-administered questionnaire, in either Spanish or English, based on the subject's preference, to complete at a nearby table. The investigator offered to read the questionnaire to each respondent, if desired. Questionnaire responses were otherwise confidential and were deposited into an envelope separate from that for completed consent forms containing identifying information. This study was approved by the Institutional Review Board of the University of Texas Health Science Center at Houston School of Public Health.

Questionnaires were completed at 12 different locations in low-income areas of Bexar County, 10 of which were within the city limits of San Antonio, from December 2003 through February 2004. Locations included three City of San Antonio Parks and Recreation Community Centers; one City of San Antonio Youth Services project site; two JOVEN community centers (a local non-profit youth development program); one elementary school, one middle school, and one high school in San Antonio Independent School District; a private Catholic middle school; two health and youth fairs; and a local pediatrician's office.

The questionnaire included demographic information about the respondent (gender, age, race/ethnicity, education level, and zip code of residence) and information about the respondent's child (grade level, gender, age, and school name). Respondents who had more than one child in grades 6 through 12 were instructed to provide information only about the youngest of their children in these grade levels.

Respondents were asked to select one of four possible responses to indicate the type of sex education program they would like their middle- or high school age child to be taught:

1. Abstinence-Only Education (defined as "teach[ing] abstinence as the only morally correct option of sexual expression for unmarried young people. Abstinence-Only

education does not teach about condoms and contraception, except to talk about their rates of failure");

2. Abstinence-Plus Education (defined as "teach[ing] about abstinence as the best method for avoiding sexually transmitted diseases and unwanted pregnancy, but ALSO teach[ing] about condoms and contraception. This type of education teaches about the benefits of condoms and contraceptives as well as about their rates of failure");
3. Neither Abstinence-Only nor Abstinence-Plus Education; or
4. Other.

Those choosing Other were asked to describe the education they would like.

A third section of the questionnaire contained a list of sex education topics from which respondents were asked to check "Yes" or "No" to indicate if they would like their child to be taught that particular topic. An additional open-ended question allowed respondents to write in additional topics they would like their children to be taught.

Demographic data, sex education type preference, and sex education topics desired were tabulated as frequencies and simple percentages of the total responses. Qualitative responses from open-ended questions were transcribed verbatim.

Sex education type preference was also analyzed for association with parent and child demographic factors, with education type preference dichotomized to Abstinence-Plus or other response. Bivariate comparisons were performed using Chi-square and Student's t-test. Using the parent's and child's demographic information as predictors, logistic regression analysis was conducted with preference for Abstinence-Plus as the dependent variable, entering all predictor variables into the model. Investigators used the Nagelkerke method to estimate R-square and the Hosmer-Lemeshow (HL) test for goodness-of-fit. A p-value less than or equal to .05 was considered significant.

A minimum sample size of 110 subjects was needed based on a p = 0.05 level Chi-square test of specified proportions in four categories. This sample size has 80% power to detect an alternative hypothesis characterized by an effect size of 0.1000 (i.e. a 10% difference).

RESULTS

A total of 129 parents of children in grades 6 through 12 completed the questionnaire. Only three individuals who were invited to participate in the study declined, and they did not state a reason. Three completed questionnaires were excluded because they selected both the Abstinence-Only and Abstinence-Plus options, with 126 respondents in the final sample. Six respondents requested assistance in reading the questionnaire. Nineteen respondents completed questionnaires in Spanish, and 107 in English.

Table 1 displays the characteristics of the 126 respondents. A large majority (81%) of the respondents identified themselves as Hispanic. Slightly more than half the respondents were female, and the majority were between 30 and 49 years of age. Well over half (64.5%) of the respondents had a high school degree/GED or some college, while 19.4% had less than a 12th grade education, and 16.1% had a college degree or more. Ten percent of respondents lived in zip codes outside those of the events attended. The majority of respondents (72.2%) had a child in middle school, with just over half of the respondent's children being male. Respondents' reported zip codes of residence were overwhelmingly in low-income areas of San Antonio, with 7.1% reporting residence in low-income areas of Bexar County outside of the city limits of San Antonio.

As shown in Table 2, a large majority of parents (80.2%) selected Abstinence-Plus education as the type of sex education program they would like for their middle- or high-school age child. Only 16 respondents (12.7%) selected Abstinence-Only education as the type of program they preferred for their child. Three respondents (2.4%) selected Neither, and six

(4.8%) selected Other. Of those parents who selected Other, one respondent suggested "a Christian sex education program" and two suggested teaching parents rather than the children.

Table 3 displays the percent preferring Abstinence-Plus education by respondent characteristics. A large majority of respondents in virtually every category preferred Abstinence-Plus. A smaller percentage of parents of female children (69.6%) than of male children (88.6%) preferred Abstinence-Plus ($p=0.008$). There were no other statistically significant differences in the percentage of parents preferring Abstinence-Plus education by race/ethnicity, gender, age, educational attainment, or level of the child's school. There was also no significant difference in child's age between parents preferring Abstinence-Plus versus other choices (Abstinence-Plus 0 = 13.4 years, other choices 0 = 13.1 years, $t = 0.64$, $p = .527$).

Table 4 displays the results of the logistic regression analysis. Only the gender of the child being male predicted choice of Abstinence-Plus over other options. However, this model accounted for only 16% of the variance and the goodness-of-fit was poor.

A large majority of parents favored inclusion of each of the ten sex education topics (see Table 5). The topic "Positive Communication with Family" was selected by the highest percentage (92.1%) of respondents. The topic of "Contraception", which was favored least, was still favored by a large majority (82.4%) of respondents. Table 6 displays additional topics written in by respondents. Responses included abstinence, goal setting, and several specific suggestions to help young people make better decisions. Some suggested topics were similar to those listed in the questionnaire.

DISCUSSION

A large majority (80.2%) of Bexar County parents who participated in the study selected Abstinence-Plus as the preferred type of sex education for their children, indicating a desire for their children to receive positive information on condoms and contraception, as well as on abstinence. Only 12.7% of surveyed parents preferred an Abstinence-Only approach, while the remaining 7.1% preferred neither Abstinence-Only nor Abstinence-Plus approaches.

This study is the first of its kind to focus on Bexar County parents, but the findings are consistent with national survey results.[9,10] The current results are similar to the 2003 national survey done by National Public Radio, the Kaiser Family Foundation, and the Kennedy School of Government.[9] That survey asked parents to choose one of three statements about school sex education. The percentage of Bexar County parents preferring Abstinence-Only in the current study (12.7%) is similar to the percentage choosing a similar statement in the national survey: 14% of parents of 7th and 8th graders, and 16% of parents of 9th to 12th grade students. The 80.2% of parents selecting Abstinence-Plus in the current study is consistent with the national survey results. The percentage of parents favoring abstinence but acknowledging the need for contraceptive information, plus the percentage of parents stating that abstinence is not the most important thing, totaled 85% for grades 7-8 and 84% for grades 9-12.[9] Similar strong support for schools teaching positive information about condoms and contraceptives was evident in the 2000 Kaiser Family Foundation survey of parents of 7th to 12th grade students: 90% favored teaching about birth control and 85% about how to use a condom.[10]

The 2003 national survey found stronger support for including birth control information among 9th to 12th grade parents (88%) than among 7th and 8th grade parents (61%).[9] The current study did not demonstrate different rates of preference for Abstinence-Plus by child age or grade level; however the sample size may have been too small to detect a difference.

The current study found that parents of male children were more likely than those of female children to prefer Abstinence-Plus. This difference may reflect a “double standard” in the

community, if parents expect boys to be more likely than girls to be sexually active. Responses according to child's sex were not available for the national surveys.[9,10] However, in the 2003 national survey, slightly higher percentages of adults and parents thought that girls should wait to have sex until they are married than thought boys should wait until they are married.[9]

Unlike previous national surveys, the current study focused primarily on the distinction between Abstinence-Only and Abstinence-Plus. This construct was designed to acknowledge perceived widespread support in the San Antonio community for encouraging abstinence among adolescents, while allowing demonstration of support for positive information about condoms and contraceptives. The questionnaire's definitions of Abstinence-Only and Abstinence-Plus were designed to highlight this element, rather than to reflect support for abstinence as the preferred message, which is assumed.

Limitations

Although parents were recruited from a variety of venues and events, the chief limitation of the current study is its use of a convenience sample of parents. However, the results are consistent with national findings and suggest that strong support for Abstinence-Plus extends to this predominantly Hispanic and low-income community. Moreover, these are the only data currently available to provide initial direction about community norms and parental preferences in low-income areas of Bexar County.

The respondents were remarkably similar in racial/ethnic background to the 2000 Census population in the 6 most prevalent zip codes, but a higher percentage of parents surveyed had completed high school or more education than the population of their resident zip codes (see Table 7). If higher educational attainment is associated with greater support for teaching positive information about condoms and contraceptives, the study results would over-represent support for Abstinence-Plus in these neighborhoods. In addition, approaching parents at youth community events may have biased the results by selecting for parents with greater involvement in their children's education and activities. This method may also have

biased the sample toward parents of younger adolescents, who may need a parent to drive them to an event. Moreover, for parents with more than one child, we asked them to refer to their youngest adolescent when completing the questionnaire.

Another limitation of the study is its use of a new and unique questionnaire, which, although pilot-tested with parents in San Antonio, has not undergone independent reliability or validity testing.

Implications

In spite of its limitations, this study should encourage Texas school districts in low-income predominantly Hispanic areas to include positive information on condoms and contraceptives in secondary school sex education programs. Moreover, using an "opt-out" rather than an "opt-in" method of securing parental permission for such sex education programs makes sense. Since a large majority of parents want their children to receive this instruction, requiring parent signatures to participate may present needless obstacles to students receiving instruction. At the same time, care must be taken to fully inform parents of program content, so that parents who prefer their child not participate are able to decline.

This study also corroborates that parents overwhelmingly support encouraging abstinence in sex education programs for adolescents. Programs that are truly Abstinence-Plus must actively promote abstinence and not focus solely on condoms and contraceptives. Some comprehensive sex education programs may focus less on abstinence,[13] and thus, although classified as Abstinence-Plus, may not meet most parents' desire for strong abstinence messages for their children. Programs that promote abstinence *and* contraceptive use can delay the first sexual experience.[14] Effective programs have 10 characteristics in common, and programs that include youth development components tend to have the most dramatic positive effects.[7]

Texas public schools face many obstacles to provision of positive information about contraceptives. Sex education is not required, and high school health textbooks approved by the State Board of Education omit discussion of condoms and contraceptives.[15-17] Many schools struggle with low levels of funding, and funding for sex education is often available only through federal programs for Abstinence-Only education. Texas law requires that public school sex education programs emphasize abstinence and state condom and contraceptive failure rates in terms of "human use reality rates," but it does not prohibit positive or detailed information about contraceptives.[18] As this study emphasizes, most parents want such information conveyed. Parental opposition is likely to be less of an obstacle to provision of Abstinence-Plus education than is commonly perceived.

CONCLUSION

As in surveys conducted on a national level, a large majority of parents from low-income, high-risk, and predominantly Hispanic areas of Bexar County favor teaching positive information about condoms and contraception, in addition to abstinence, for their children in middle- and high school. Because of this overwhelming support, parents, policymakers, and school districts should consider funding and implementing Abstinence-Plus programs in middle- and high school, with an "opt-out" rather than an "opt-in" parent permission policy for participation.

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TABLE 1: Characteristics of Respondents

Sample Characteristics	Frequency	Percent
Sample Size	126	100%
Race/Ethnicity		
African American	8	6.3%
Non-Hispanic White	12	9.5%
Hispanic	102	81.0%
Asian	2	1.6%
Other	2	1.6%
Gender of respondent		
Male	57	45.2%
Female	69	54.8%
Age of respondent (sample N=124)		
18-29	4	3.2%
30-39	61	49.2%
40-49	42	33.9%
50+	17	13.7%
Did not answer age	2	--
Educational attainment of respondent (sample N=124)		
Less than high school, no diploma	24	19.4%
High school graduate or GED	43	34.7%
Some college	37	29.8%
College graduate	9	7.3%
Some graduate or graduate degree	11	8.9%
Did not answer education	2	--
Gender of respondent's child		
Male child	70	55.6%
Female child	56	44.4%
Grade level or respondent's child		
Middle school (grades 6 through 8)	91	72.2%
High school (grades 9 through 12)	35	27.8%

TABLE 2: Overall Respondent Sex Education Program Preference (N=126)

Overall Sample	Frequency	Percent	Definition in Questionnaire
Abstinence-Only	16	12.7%	Teaching abstinence as the only morally correct option of sexual expression for unmarried people. Abstinence-Only education does not teach about condoms and contraception, except to talk about their rate of failure.
Abstinence-Plus	101	80.2%	Teaching about abstinence as the best method for avoiding sexually transmitted diseases and unwanted pregnancy, but ALSO teaching about condoms and contraception. This type of education teaches about the benefits of condoms and contraception as well as about their failure rates.
Neither	3	2.4%	Neither "Abstinence-Only" nor "Abstinence-Plus" Education. I would prefer that neither of these be offered to my child.
Other	6	4.8%	I would prefer my child receive some other type of sex education program.

TABLE 3: Preference for Type of Sex Education Program

Characteristic	N	Preference for Abstinence-Plus		Analysis Statistic (p)
		N	Percent	
Overall Sample	126	101	80.2%	
By Race/Ethnicity				
Hispanic	102	82	80.4%	$\Pi^2 = 1.94$ (NS)
Non-Hispanic White	12	10	83.3%	
African American	8	6	75.0%	
Asian	2	1	50.0%	
Other	2	2	100%	
By Gender				
Male	57	48	84.2%	$\Pi^2 = 1.07$ (NS)
Female	69	53	76.8%	
By Respondent Age				
18-29	4	4	100%	t = 0.18 (NS)
30-39	61	48	78.7%	
40-49	42	34	80.9%	
50+	17	15	88.2%	
By Educational Attainment				
Less than high school, no diploma	24	18	75.0%	t = 1.74 (.085)
High school graduate or GED	43	35	81.3%	
Some college	37	32	86.5%	
College graduate	9	8	88.8%	
Some graduate or graduate degree	11	9	81.8%	
Did not answer for education	2	1	--	
By Sex of Child				
Male	70	62	88.6%	$\Pi^2 = 7.01$ (.008)
Female	56	39	69.6%	
By School Level of Child				
Middle School (grades 6 through 8)	91	73	80.2%	t = 0.75 (NS)
High School (grades 9 through 12)	35	28	80.0%	

TABLE 4 . Results Of Logistic Regression Predicting Preference for Abstinence-Plus

Variable	Beta	SE (beta)	Significance
Parent			
Male Parent	0.201	0.504	.690
Hispanic Parent	0.361	0.624	.563
Years of Education	-0.137	0.088	.117
Age	0.017	0.021	.430
Child			
Male Child	1.344	0.521	.010
Child's Age	0.113	0.363	.756
Child's Grade	-0.341	0.419	.416

$\Pi^2 = 13.17$, $p = .068$
Nagelkerke $R^2 = .162$
Hosmer-Lemeshow $\Pi^2 = 11.00$, $p = .202$

TABLE 5: Sex Education Topics Selected by Respondents

Topic	Sample Size*	Frequency	Percent
Reproductive Anatomy	126	110	87.3%
Physical and Social Changes associated with Puberty and Adolescence	126	111	88.1%
Positive Communication with Family	126	116	92.1%
Sexual Decision-Making	125	105	84.0%
Pregnancy and Childbirth	126	107	84.9%
Parenting Responsibilities	126	113	89.7%
Sexually Transmitted Diseases (including HIV/AIDS)	126	113	89.7%
Risk Reduction	126	110	87.3%
Contraception	125	103	82.4%
Sexual Abuse, Rape, and Sexual Assault	124	108	87.1%

*Sample size may be less than 126 because some respondents did not fill in either yes or no

TABLE 6: Sex Education Topics Written In by Respondents

Question	Topics
Which topic other than those listed above, if any, do you believe should also be covered in a sex education set of lessons?	Goal setting
	Impact of an early pregnancy on child's education
	How to resist peer pressure to have sex
	Abstinence
	Responsibility
	The truth about the facts of life
	That having a baby is not the answer to growing up
	That teen love doesn't last
	Encourage open relationships about situations with parents
	Use the dolls that they have to take care of 24-7

TABLE 7: Race/Ethnicity and Educational Attainment in the Six most commonly sampled Zip Codes*: Total Population and Study Sample**

	Total Population	Sample Population
Race/Ethnicity		
% Non-Hispanic White	6.7%	7.6%
% Hispanic	86.1%	82.7%
% African American	5.8%	6.5%
% Other	1.5%	3.3%
Educational Attainment		
% High School or More	48.8%	67.4%
% Bachelor's Degree or Higher	4.7%	6.5%

*Zip Codes 78202, 78207, 78210, 78211, 78214, 78264
** U.S. Census 2000 Data from http://factfinder.census.gov/home/saff/main.html?_lang=en, accessed Feb 21, 2005.